

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Re-elect McGovern Committee

Full Name (Last, First, Middle Initial)

Walter F McGovern**A.**

Mailing Address 46 Cobblestone Ln

Worc Country Club Acres

City

Worcester

State

MA

Zip Code

01606-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : VR0BYEDVJY6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Antonia G McGuire**B.**

Mailing Address 128 Windward Ln

City

Bristol

State

RI

Zip Code

02809-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Edward M Kennedy Community Health Cent

Occupation

President/CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : VR0BYEDVDV2

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ActBlue**C.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

15410.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : VR0BYEDVDV2E

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

350.00